

UTILITY PATENT APPLICATION TRANSMITTAL (for nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	TLAB.79219
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 10/629975
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TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Inventor(s): James Hunter Boone; David Maxwell Lyerly; Tracy Dale Wilkins; and Richard Littleton Guerrant Title: METHOD FOR DIFFERENTIATING IRRITABLE BOWEL SYNDROME FROM INFLAMMATORY BOWEL DISEASE (IBD) AND FOR MONITORING PERSONS WITH IBD USING TOTAL ENDOGENOUS LACTOFERRIN AS A MARKER	PLEASE ASSOCIATE APPLICATION WITH CUSTOMER NO. 05251
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Enclosed are:

39	pages of specification including abstract
<input checked="" type="checkbox"/>	an assignment of the invention to: TECHLAB, INC. Recordation Date: 4/30/2002 on Reel/Frame: 012862/0942.
<input checked="" type="checkbox"/>	Declaration of Inventor(s): <input type="checkbox"/> Newly executed <input checked="" type="checkbox"/> Copied from a prior application (for contin/div)
<input checked="" type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
<input checked="" type="checkbox"/>	small entity status was requested in prior application; status still proper and desired.
<input checked="" type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/248,288; Filed on November 14, 2000.
<input type="checkbox"/>	Other:

If a Continuing Application: Check appropriate box, and supply the requisite information below:			
<input type="checkbox"/> Continuation	<input checked="" type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no. 10/002,842; filed on November 14, 2001
Prior application information:		Examiner:	Group Art Unit:

CLAIMS AS FILED				
	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 750	\$ 750.00
TOTAL CLAIMS	6- 20 =	0	X \$ 18	\$ 0
INDEPENDENT CLAIMS	3 - 3 =	0	X \$ 84	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 280	0
* Number extra must be zero or larger			TOTAL	\$ 750.00
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$ 375.00
TOTAL DUE				\$ 375.00
<input checked="" type="checkbox"/> A check in the amount of \$ 375.00 to cover the filing is enclosed				
<input checked="" type="checkbox"/> Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.				
<input type="checkbox"/>	Charge the amount of \$ as filing fee.			
<input checked="" type="checkbox"/>	Credit any overpayment.			
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.			


7/30/03
 Signature Date

Name: Jean M. Dickman, Reg. No.: 48,538